

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006275

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 54

FILED MAR 12 1962

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|--|---|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton | | Length of stay in 1b 31 Years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 1615 Pleasant Plain | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MILL ROY ARNEY | | 4. DATE OF DEATH Month Day Year March 4, 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 17, 1892 |
| 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | | 10b. KIND OF BUSINESS OR INDUSTRY Contractor | |
| 11. BIRTHPLACE (City and state or country) Grundy Co. MO. | | 12. CITIZEN OF WHAT COUNTRY USA. | |
| 13a. FATHER'S NAME Cornelius Arnerly | | 13b. MOTHER'S MAIDEN NAME Marilda Fears | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Ruie Arney | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Mrs. Ruie Arney, Trenton, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Feb. 22-1962</u> to <u>March 4-1962</u> and last saw him live on <u>March 3-1962</u> Death occurred at <u>Trenton, Mo. 3-4-1962</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>B. H. Henders M.D.</u> | | 22b. ADDRESS <u>Trenton, Mo.</u> | |
| 22c. DATE SIGNED <u>3-6-62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>March 6, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Fox Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Grundy County, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-6-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Gene Fair</u> | | 27. FUNERAL DIRECTOR <u>Donald N. Slater</u> | |
| 28. ADDRESS <u>Trenton, Mo.</u> | | 29. DATE RECD. BY LOCAL REG. <u>3-6-62</u> | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James H. Slater*
Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.